

Bureau of Health Care Quality & Compliance

*Acc. Plan 4/2/09*

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  NVN4520ADA	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED  03/30/2009
NAME OF PROVIDER OR SUPPLIER  ACTION II		STREET ADDRESS, CITY, STATE, ZIP CODE 3680 EL RANCHO DRIVE SPARKS, NV 89433		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
D 000	Initial Comment  The findings and conclusions of any investigation by the Health Division shall not be construed as prohibiting any criminal or civil investigations, actions or other claims for relief that may be available to any party under applicable federal, state or local laws.  This Statement of Deficiencies was generated as a result of the State Licensure survey conducted at your facility on 3/30/09. This State Licensure survey was conducted by the authority of NRS 449.150, Powers of the Health Division.  The facility is licensed for ten residential program beds for the treatment of abuse of alcohol and drugs. The census at the time of the survey was six. Six resident files and six employee files were reviewed. One discharged resident file was reviewed.	D 000		
D 035 SS=F	NAC 449.098(3) Preparations for disaster  3. Each facility shall conduct a disaster drill at least annually, and a written record of each drill must be retained in the facility for not less than 12 months after the drill is conducted.  This Regulation is not met as evidenced by: Based on record review and interviews on 3/30/09, the facility had never conducted an annual disaster drill.  Findings include:  The fire drill log was reviewed, but did not contain any evidence the facility conducted an annual disaster drill. Staff persons reported they were unaware they needed to conduct disaster drills	D 035	<p><b>D035</b></p> <p>a) Vitality Center/ACTIONS corrected the deficiency to ensure that a disaster drill is conducted at least annually and records are maintained by the facility for not less than 12-months after the drill is conducted.</p> <p>b) Vitality Center/ACTIONS has taken the following actions to ensure the deficiency will not occur again: 1) ACTIONS administration was given an Emergency Preparedness Plan which includes an Emergency Preparedness Drill log sheet. 2) An emergency preparedness drill will take place within 2 weeks; and 3) The planned and future emergency preparedness drills and staff training were added to the Vitality Unlimited master planning calendar.</p> <p>Vitality Center/ACTIONS will monitor the correction by ongoing staff training on emergency preparedness and annual drills.</p> <p>The staff member assigned to monitor the correction is the Regional Program Manager.</p> <p>c) The completion date was 5-4-09.</p>	<p><b>RECEIVED</b></p> <p>APR 24 2009</p> <p>BUREAU OF LICENSURE AND CERTIFICATION CARSON CITY, NEVADA</p> <p><i>OK PC</i></p>

If deficiencies are cited, an approved plan of correction must be returned within 10 days after receipt of this statement of deficiencies.

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

CEO

DATE

4-21-09

STATE FORM

8900

LWLP11

*Dorothy B. North*

Continuation sheet 1 of 7

Bureau of Health Care Quality & Compliance

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D 035	Continued From page 1 annually.  Severity: 2 Scope: 3	D 035		
D 217 SS=F	NAC 449.141(9) Health Services  9. Each facility shall maintain and have readily available first-aid supplies. Staff members shall have evidence that they have received training on the use of first-aid supplies.  This Regulation is not met as evidenced by: Based on record review on 3/30/09, the facility did not ensure that 6 of 6 staff members had evidence of first aid training  Findings include:  All six employee files did not contain evidence of first aid training.  Severity: 2 Scope: 3	D 217	<b>D217</b> a) Vitality Center/ACTIONS corrected the deficiency to ensure that staff members have received first aid training and evidence of training is maintained in employee files. <i>OK</i>  b) Vitality Center/ACTIONS has taken the following actions to ensure the deficiency will not occur again: 1) ACTIONS staff was provided first aid training 4-13-09. 2) New staff first aid training reminders were added to the Vitality Unlimited master planning schedule.  Vitality Center/ACTIONS will monitor the correction by ongoing staff training in first aid.  The staff member assigned to monitor the correction is the Regional Program Manager.  c) The completion date was 4-13-09.	
D 235 SS=F	NAC 449.144(4) Medication  4. Members of the staff may not administer any medication unless licensed to do so.  This Regulation is not met as evidenced by: Based on record review and interviews from 3/30/09, the facility was allowing unlicensed staff to administer medications to 6 of 6 residents.  Findings include:	D 235		

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STATE FORM

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If continuation sheet 2 of 7

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D 235	Continued From page 2  A rehabilitation technician (RT) reported when it was time for medications to be administered during the day, she opened resident medication bottles, removed the appropriate number of pills from the bottles, placed the pills in a cup and gave the cup to the resident to swallow their pills. Residents did not open their own medication bottles and take out their own pills. Since she was not on duty during the evening medication pass, she would take pills out of the resident medication bottles and placed them in weekly pill dispensers before she left for the day. Each pill dispenser was labeled with individual resident names and the evening shift would give the pill dispensers to the residents so they could take their pills. The manager reported the facility was supposed to switch to a daily "bubblepack" medication system, but she could not find a local pharmacy to package resident medications in this manner.  Record review revealed a policy titled "Medication" which instructed the RTs to place the proper dosage from the client's individually marked container into a small plastic or paper medication dispenser cup and placed the cup on the counter. The policy also revealed that only licensed staff members were to administer medications and that staff were to be trained in the observation of self-administered medications. Record review of employee files revealed that none of the RTs were licensed nurses.  Severity: 2 Scope: 3	D 235	<b>D235</b> a) Vitality Center/ACTIONS corrected the deficiency by blister packing client medications and allowing clients to punch out one dose at a time.  b) Vitality Center/ACTIONS has taken the following actions to ensure the deficiency will not occur again: 1) Contacted the BHCQC recommended pharmacy and started blister packaging all client medications. 2) Revised the self-administration of medication policy and procedure 3) Trained staff members on the new policy and procedure for self-administration of medication.  OKPC Vitality Center/ACTIONS will monitor the correction by ongoing staff training in the new self-administration of medication policy and procedure.  The staff member assigned to monitor the correction is the Regional Program Manager.  c) The expected completion date is 4-17-09.	
D 246 SS=F	NAC 449.147(2) Dietary Services  2. Menus must be planned and followed to meet the nutritional needs of the residents in	D 246		

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## Bureau of Health Care Quality &amp; Compliance

Accepted  
PC  
6/20/09

PRINTED: 04/09/2009  
FORM APPROVED

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D 246	Continued From page 3  accordance with the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.  This Regulation is not met as evidenced by: Based on record review and interview on 3/30/09, the facility failed to plan menus that met the nutritional needs of adolescents.  Findings include:  A policy titled, "Dietary Services Policy" revealed that menus were to be planned by a qualified dietitian.  The manager reported the facility did not have a dietitian to plan menus, so they were using old "Nutri-Kid" menus to prepare meals.  Severity: 2 Scope: 3	D 246	D246 a) Vitality Center/ACTIONS are working on a correction by continuing the search for a registered dietitian or a registered dietetic technician.  b) Vitality Center/ACTIONS has taken the following actions to ensure the deficiency will not occur again: 1) Vitality Unlimited/ACTIONS has been searching for a registered dietitian or a registered dietetic technician for some time without success but will continue the search. 2) In an effort to comply, Vitality Unlimited Human Resources has contacted the following facilities to see if their RD might be available to assist ACTIONS: Northeastern Nevada Regional Hospital; William Bee Ririe Hospital, Banner Churchill Hospital; St. Mary's Medical Center. 3) Recent contacts include the Nevada Dietetic Association and Sierra Dietetics.  Vitality Center/ACTIONS will continue working toward compliance with further expansion of the search for a registered dietitian or a registered dietetic technician. Once this position is filled Vitality Center/ACTIONS will have menus planned and followed to meet the nutritional needs of the residents in accordance with the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences. Planned menus will also be reviewed and approved by the staff physician.	OK PC	
D 247 SS=F	NAC 449.147(3) Dietary Services  3. Therapeutic menus must be planned by a qualified dietitian or must be reviewed and approved by the client's attending or staff physician.  This Regulation is not met as evidenced by: Based on record review and interview on 3/30/09, the facility did not employ a dietitian to plan therapeutic menus or have therapeutic menus reviewed and approved by a resident's physician.  Findings include:  A policy titled, "Dietary Services Policy" revealed that menus were to be planned by a qualified dietitian.	D 247			

If deficiencies are cited, an approved plan of correction must be returned within 10 days of  
STATE FORM 0009

The staff members assigned to monitor the correction is the Human Resources Coordinator and the Regional Program Manager.

c) The expected completion date is 7-1-09.

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D 247

Continued From page 4

The manager reported the facility did not employ a dietitian to plan therapeutic menus.

Severity: 2 Scope: 3

D 253  
SS=F

NAC 449.147(9) Dietary Services

9. A qualified person must be used as a consultant on planning meals and serving food. Consultation each month is required. A qualified person may be a person meeting the requirements for registration with the Commission on Dietetic Registration as either a registered dietitian or a registered dietetic technician.

This Regulation is not met as evidenced by:  
Based on record review and interview on 3/30/09, the facility did not have a contract with a dietitian for the planning of meals and serving of food.

Findings include:

A policy titled, "Dietary Services Policy" revealed that menus were to be planned by a qualified dietitian.

During an interview with the manager, the manager reported the facility did not employ or have a current contract with a Registered Dietitian or other qualified person for consultation for planning meals and serving food.

Severity: 2 Scope: 3

DK999  
SS=F

Final Comments

D 247

D247

a) Vitality Center/ACTIONS are working on a correction by continuing the search for a registered dietitian or a registered dietetic technician. *OK PC*

D 253

b) Vitality Center/ACTIONS has taken the following actions to ensure the deficiency will not occur again: 1) Vitality Unlimited/ACTIONS has been searching for a registered dietitian or a registered dietetic technician for some time without success but will continue the search. 2) In an effort to comply, Vitality Unlimited Human Resources has contacted the following facilities to see if their RD might be available to assist ACTIONS: Northeastern Nevada Regional Hospital; William Bee Ririe Hospital, Banner Churchill Hospital; St. Mary's Medical Center. 3) Recent contacts include the Nevada Dietetic Association and Sierra Dietetics.

Vitality Center/ACTIONS will continue working toward compliance with further expansion of the search for a registered dietitian or a registered dietetic technician. Once this position is filled Vitality Center/ACTIONS will have menus planned and followed to meet the nutritional needs of the residents in accordance with the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences. Planned menus will also be reviewed and approved by the staff physician.

The staff members assigned to monitor the correction is the Human Resources Coordinator and the Regional Program Manager.

c) The expected completion date is 7-1-09.

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DK999	Continued From page 5  This Regulation is not met as evidenced by: NRS 652.060 "Medical laboratory" defined. "Medical laboratory" means any facility for microbiological, serological, immunohematological (blood banking), cytological, histological, chemical, hematological, biophysical, toxicological, or other methods of examination of tissues, secretions or excretions of the human body. The term does not include a forensic laboratory operated by a law enforcement agency. NRS 652.080 License required; term; renewal; inactive status; licensure of laboratory located outside state. 1. Except as otherwise provided in NRS 652.217 and NRS 652.235, no person may operate, conduct, issue a report from or maintain a medical laboratory without first obtaining a license to do so issued by the Health Division pursuant to the provisions of this chapter. 2. A license issued pursuant to the provisions of subsection 1 is valid for 24 months and is renewable biennially on or before the date of its expiration. 3. No license may be issued to a laboratory which does not have a laboratory director. 4. A license may be placed in an inactive status upon the approval of the Health Division and the payment of current fees. 5. The Health Division may require a laboratory that is located outside of this state to be licensed in accordance with the provisions of this chapter before the laboratory may examine any specimens collected within this state if the Health Division determines that the licensure is necessary to protect the public health, safety and welfare of the residents of this state.	DK999	D253 a) Vitality Center/ACTIONS are working on a correction by continuing the search for a registered dietitian or a registered dietetic technician.  b) Vitality Center/ACTIONS has taken the following actions to ensure the deficiency will not occur again: 1) Vitality Unlimited/ACTIONS has been searching for a registered dietitian or a registered dietetic technician for some time without success but will continue the search. 2) In an effort to comply, Vitality Unlimited Human Resources has contacted the following facilities to see if their RD might be available to assist ACTIONS: Northeastern Nevada Regional Hospital; William Bee Ririe Hospital, Banner Churchill Hospital; St. Mary's Medical Center. 3) Recent contacts include the Nevada Dietetic Association and Sierra Dietetics.  Vitality Center/ACTIONS will continue working toward compliance with further expansion of the search for a registered dietitian or a registered dietetic technician. Once this position is filled Vitality Center/ACTIONS will have menus planned and followed to meet the nutritional needs of the residents in accordance with the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences. Planned menus will also be reviewed and approved by the staff physician.	
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If deficiencies are cited, an approved plan of correction must be returned within 10 days a STATE FORM 6999

The staff members assigned to monitor the correction is the Human Resources Coordinator and the Regional Program Manager.

c) The expected completion date is 7-1-09.

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DK999	<p>Continued From page 6</p> <p>Based on record review on 3/30/09, the facility did not have a State license to conduct urinalysis screening on 6 of 6 residents.</p> <p>Findings include:</p> <p>Employee #3's file contained a valid State Laboratory Assistant license, but the facility did not have a State Laboratory license associated with the facility's address to conduct urine screening tests on resident urine.</p> <p>Severity: 2 Scope: 3</p>	DK999	<p>DK99</p> <p>a) Vitality Center/ACTIONS are working on a correction by completing and submitting the documentation required for and exempt laboratory license at ACTIONS.</p> <p><i>Suspending drug testing</i></p> <p>b) Vitality Center/ACTIONS has taken the following actions to ensure the deficiency will not occur again: 1) Vitality Unlimited/ACTIONS was waiting for the required drug test training certificates to be sent from the drug test distributor prior to submitting the application. 2) These certificates were received 4-20-09. 3) The required documents and application will be completed and submitted to the BHCQC.</p> <p>Vitality Center/ACTIONS will monitor the correction by having new staff take the drug test training and completing applications; submitting laboratory personnel certification applications as required; and maintaining exempt laboratory license.</p> <p>The staff members assigned to monitor the correction is the Regional Program Manager.</p> <p>c) The completion date was 5-1-09.</p>	

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If continuation sheet 7 of 7